

# Kansas

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## State CARE Act Program Profile

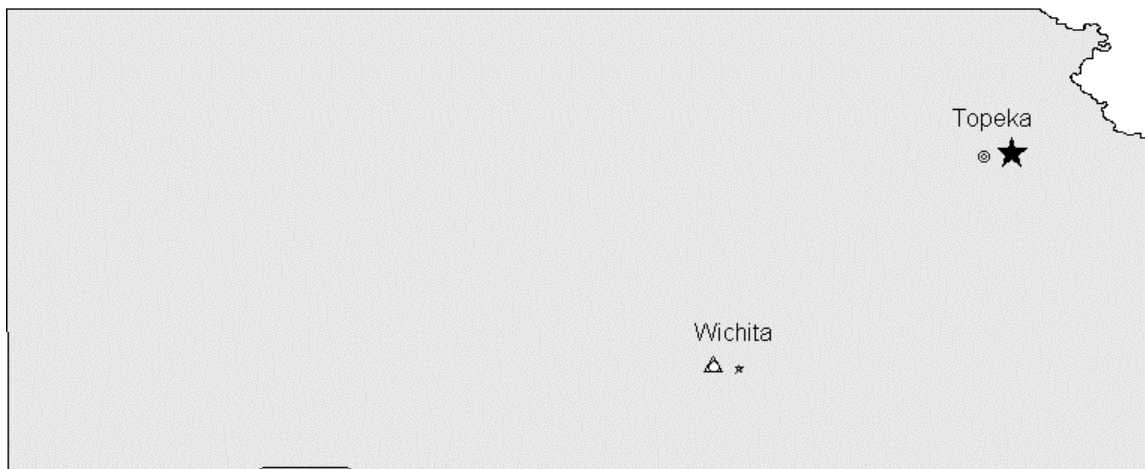
### CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$0	\$0	\$0	\$0
Title II (including ADAP)	\$1,050,840	\$1,565,364	\$1,888,481	\$4,504,685
ADAP	(\$183,023)	(\$568,196)	(\$928,876)	(\$1,680,095)
Title III	\$333,246	\$411,123	\$433,348	\$1,177,717
Title IV	\$0	\$0	\$0	\$0
SPNS	\$0	\$0	\$0	\$0
AETC	\$70,172	\$52,278	\$70,172	\$192,622
Dental	\$0	\$0	\$0	\$0
<b>Total</b>	<b>\$1,454,258</b>	<b>\$2,028,765</b>	<b>\$2,392,001</b>	<b>\$5,875,024</b>

Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

	1996	1997	1998
Title I	0	0	0
Title III	1	1	1
Title IV	0	0	0
SPNS	0	0	0
AETC (grantee or subcontractor)	1	1	1
Dental	0	0	0

## Location of FY 1998 CARE Act Grantees and Title II Consortia



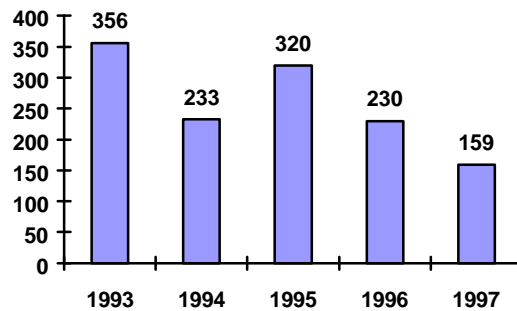
### LEGEND

- Title I Grantees (0)
- ⊙ Title II Consortia (1)
- ★ Title III Grantees (1)
- ▣ Title IV Grantees (0)
- ▲ SPNS Grantees (0)
- △ AETC Grantees (1)
- Dental Program (0)

## HIV/AIDS Epidemic in the State: Kansas (Pop. 2,594,840)

- ▶ Persons reported to be living with AIDS through 1997: 749
- ▶ New AIDS Cases by Calendar Year, 1993-1997

- ▶ State reporting requirement for HIV:  
No HIV reporting
- ▶ State AIDS Cases (cumulative) since 1993: 1,298 (<1% of AIDS cases in the U.S.)



### Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	89%	78%
Women (13 years and up):	11%	22%

	State-Specific Data	National Data
<13 years old :	0%	1%
13-19 years old :	0%	1%
20+ years old :	100%	98%

	State-Specific Data	National Data
White:	72%	33%
African American:	16%	45%
Hispanic:	6%	21%
Asian/Pacific Islander:	1%	<1%
Native American/Alaskan Native:	2%	<1%
Other, unknown or not reported:	3%	0%

	State-Specific Data	National Data
Men who have sex with men (MSM):	54%	35%
Injecting drug user (IDU):	9%	24%
Men who have sex with men and inject drugs (MSM/IDU):	6%	4%
Heterosexual contact:	10%	13%
Other, unknown or not reported:	21%	24%

## Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	173.4	194.5
Gonorrhea (1996)	79.7	124.0
Syphilis (1996)	1.1	4.3
TB (1997)	3.0	7.4

## Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- ▶ **Gaps:** dental care; home care; private insurance continuation; availability of nutritional supplements; specialty care; and lack of trained providers
- ▶ **Emerging Needs:** employment services; provider training on multiple diagnosis issues; welfare reform issues; and the impact of managed care

## State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

### Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	75% FPL
Pregnant Women	150% FPL
Medically Needy	44% FPL

\*Income eligibility for State's ADAP program is 300% FPL.

### Medicaid Prescription Drug Benefits Limits

Co-payment:	Yes
Limit on Rx per month:	No
Refill limit:	Yes
Quantity Limit:	Yes

### Waivers

#### 1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

**1115 waiver:** No

#### 1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

**1915(b) waiver(s):** Yes

## Title II: Kansas

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$1,050,840	\$1,565,364	\$1,888,481	\$4,504,685
ADAP (included in Title II grant)	(\$183,023)	(\$568,196)	(\$928,876)	(\$1,680,095)
Minimum Required State Match	\$0	\$0	\$0	\$0

### Allocation of Funds

	1998
Health Care (State Administered)	\$1,169,582/62%
Home and Community Care	(\$29,000)
Health Insurance Continuation	(\$30,000)
ADAP/Treatments	(\$1,110,582)
Direct Services	(\$0)
Case Management (State Administered)	\$0/0%
Consortia	\$331,352/18%
Health Care*	(\$105,900)
ADAP/Treatment	(\$0)
Case Management	(\$225,452)
Support Services**	(\$0)
Administration, Planning and Evaluation (Total State/Consortia)	\$155,328/8%

\* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

\*\* includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

## Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 1

Consortium Name	Location	Service Area	Title II Funding, FY 1997
Kansas HIV/AIDS Consortium	Topeka	Statewide	\$1,612,212

### Accomplishments

Clients Served (duplicated count), FY 1996:	1,140
Men:	86%
Women:	14%
<13 years old:	1%
13-19 years old:	0%
20+ years old:	99%
White:	82%
African American:	13%
Hispanic:	4%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	1%
Other, unknown or not reported:	1%

#### ► Improved Patient Access

- The grantee reports that the number of low-income, uninsured individuals accessing HIV/AIDS medications through the Kansas ADAP increased by 84% in the last three years, from 160 active clients in FY 1996 to 295 active clients as of December 1998. The rate of monthly utilization increased during that same period almost 140%, from an average of 69 clients per month to 169 clients per month, of whom 72% were accessing protease inhibitors.
- This success at one level has at the same time created fiscal problems that have been difficult to overcome. The first step was to apply for an advance of FY 1998 funds in order to meet FY 1997 expenditures. The State legislature then provided a one-time supplement that allowed the program to continue services uninterrupted through FY 1998.

- The Title II program also responded to the fiscal challenges by redirecting funds to ADAP and implementing cost-saving strategies. ADAP services were continued throughout this period without having to implement client caps, waiting lists or other methods disallowing services to clients in need. The program also continued to expand the formulary during the period, bringing the total to 39 medications as of December 1998, including all new antivirals and protease inhibitors.

▶ **Improved Patient Outcomes**

- The grantee reports that the most striking outcome statistic has been the decline in deaths reported for Title II clients. In 1996, 29 Kansas Title II clients died; 20 died in 1997; and in 1998, there were only three deaths reported, despite the larger number of total clients being served.

▶ **Cost Savings**

- The grantee has initiated many strategies including: 1) capping pharmacy reimbursement rates; 2) accessing first voluntary manufacturers' rebates, and then rebates through the Office of Drug Pricing's 340B program, with the proportion of rebates growing from less than 5% to more than 14%; and 3) negotiating lower laboratory testing services, that were decreased by as much as two-thirds. In addition, the program allocated funds in FY 1997 to establish an insurance continuation program, serving 20 clients that first year.

▶ **Other Accomplishments**

- The grantee reported that the success of the program has been accomplished through sacrifices of the state infrastructure that serves HIV positive persons. All providers, case managers, and even clients have made adjustments to survive the fiscally challenging environment resulting from the high cost of new combination therapies that have become the standard of care. The Advisory Consortium voluntarily reduced funding for case management; pharmacies have reduced their profit margin; physicians and clinics have adapted to fiscal constraints; and clients have had to make short term sacrifices when the program has had to implement procedures to deal with year-end budget limitations. These combined efforts have resulted in the program's continuing success at meeting the core needs of most low-income and uninsured persons with HIV disease.



## AIDS Drug Assistance Program (ADAP): Kansas

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

### Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$730,845	\$957,620	\$1,107,779	\$2,796,244
State Funds	\$0	\$0	\$0	\$0
Total	\$730,845	\$957,620	\$1,107,779	\$2,796,244

### Program

- ▶ Administrative Agency: Dept. of Health
- ▶ Formulary: 37 drugs, 4 protease inhibitors, 8 other antiretroviral drugs.
- ▶ Medical Eligibility
  - ▶ HIV Infected: Yes
  - ▶ CD4 Count: No
- ▶ Financial Eligibility
  - ▶ Asset Limit: No
  - ▶ Annual Income Cap: No
- ▶ Co-payment: No
- ▶ Enrollment cap: No
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: No

### Clients Served

Clients enrolled, 10/98:	350
Number using ADAP each month:	135
Percent of clients on protease inhibitors:	39%
Percent of active clients below 200% FPL:	51%

## Client Profile, FY 1996

Men:	83%
Women:	17%

<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%

White:	79%
African American:	16%
Hispanic:	5%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%

## Title III: Kansas

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, \$445.8 million was appropriated for Title III programs in the U.S.

### Funding History

Fiscal Year	1996	1997	1998	Total
Number of Programs Funded in State	1	1	1	
Total Title III funding in State	\$333,246	\$411,123	\$433,348	\$1,177,717

### Clients Served in FY 1996 by Title III Grantees in State

(Based on programmatic information from 1 grantee(s) in State)

- ▶ Total number of people provided HIV pre-test counseling and testing services by State's Title III-funded programs: 287
- ▶ Total number of people provided primary health care services by State's Title III-funded programs: 411
- ▶ Number of new HIV-infected patients enrolled in State's Title III-funded early intervention programs in the past year: 58
- ▶ New clients (adults only) in State's Title III-funded early intervention programs presenting with CD4:
  - ▶ under 200: 50%
  - ▶ from 200 to 499: 28%
  - ▶ above 500: 19%
  - ▶ unknown: 3%

### Accomplishments

Clients served (primary care only), 1996:	411
Men:	88%
Women:	12%
<13 years old:	0%
13-19 years old:	1%
20+ years old:	99%

White:	83%
African American:	12%
Hispanic:	3%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	1%
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Men who have sex with men (MSM):	77%
Injecting drug user (IDU):	9%
Men who have sex with men and inject drugs (MSM/IDU):	3%
Hemophilia/coagulation disorder:	1%
Heterosexual contact:	8%
Receipt of blood transfusion, blood components, or tissue:	0%
Other, unknown or not reported:	1%

#### ► **Improved Patient Access**

- The University of Kansas School of Medicine-Wichita Medical Practice Association provides a full range of primary care services for HIV-infected residents. The total number of clients receiving services through the University of Kansas increased 20% during the four years of Title III funding.
- The grantee estimates that more than 90% of the known HIV-infected clients residing in the area receive care through the University of Kansas.
- Three rural clinics provide HIV primary care as part of the University of Kansas' early intervention program. Prior to establishing these clinics, clients were traveling up to 10 hours round trip for health care services.

#### ► **Cost Savings**

- The cost of viral load testing was \$342 per test in 1997. At that time, the University of Kansas negotiated a price discount resulting in a reduced cost of \$130 per test.
- Through a contractual agreement, reduced rates for group and/or individual counseling sessions were negotiated for clients of the University of Kansas in 1997.

Title III Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
University of Kansas, School of Medicine	Wichita	90 of the 100 counties in Kansas	Hospital/University- based Medical Center

## AIDS Education and Training Centers: Kansas

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ Mountain Plains Regional AETC
- ▶ States Served: Colorado, Kansas, Nebraska, New Mexico, North Dakota, South Dakota, Utah and Wyoming
- ▶ Primary Grantee: University of Colorado, Denver, CO
- ▶ Subcontractors in State: Univ. of Kansas, School of Medicine - Wichita

### Funding History

Year	1996	1997	1998	Total
Total AETC				
Funding for State	\$70,172	\$52,278	\$70,172	\$192,622

### Training Highlights from FY 1997

- The AETC conducted the following training: HIV Prevention, Early Intervention and Health Promotion for Rural Health Care Providers; Prevention of Perinatal Transmission of HIV; HIV/AIDS: Providing Care in the Age of HAART; Antiretroviral Resistance: Implications for Long Term Strategies; Managing Occupational Exposure to HIV in the Healthcare Setting; Pain Management in HIV Disease; and HIV in Prison Populations.
- The Colorado performance site co-sponsors the annual, two-day Rocky Mountain Regional Conference on HIV Disease and a one-day Prevention Institute (held in conjunction with the regional conference). The conference reaches between 500-700 providers and consumers.
- The AETC offers three medically focused and one dental-focused three-day clinical training programs in Denver. The programs attract providers from the entire eight-state region.
- Over 2,000 copies of an on-line and printed self-instruction module, "HIV Prevention, Early Intervention and Health Promotion: A Self-Study Module for Rural Health Care Providers" have been distributed. The AETC reports that providers have been completing the on-line module. CEUs and CMEs are offered.
- The AETC produced "HIV: A Sourcebook for the Primary Care Provider." The sourcebook has a core section and then is individualized to include resource information for each of the eight states served by the AETC.

- “AIDS Newslink,” the Mountain Plains AETC newsletter, is sent to over 10,000 providers in the region three times a year. Past issues have addressed women’s issues and adherence.